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PTO/SB/05 (12/97)
Approved for use through 09/30/00. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 236.6

Total Pages

First Named Inventor or Application Identifier

Herold, J.

Express Mail Label No. EL 1495644892 US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO:

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

1. ☒ **Fee Transmittal Form**
(Submit an original, and a duplicate for fee processing)

2. ☒ **Specification** [Total Pages]
(preferred arrangement set forth below)

 - Descriptive title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to Microfiche Appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure

3. ☐ **Sequence Listing**
(if applicable, all necessary)

4. ☐ **Drawings**
(if applicable, all necessary)

5. ☐ **Microfiche Computer Program (Appendix)**

6. ☐ **Nucleotide and/or Amino Acid Sequence Submission**
(if applicable, all necessary)

 - a. ☐ Computer Readable Copy
 - b. ☐ Paper Copy (identical to computer copy)
 - c. ☐ Statement verifying identity of above copies

7. ☐ **Other**
(if applicable, all necessary)

ACCOMPANYING APPLICATION PARTS

- | | |
|--|---|
| <p>3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets <input]<="" p="" type="text" value="7"/> <p>4. Oath or Declaration [Total Pages <input]<="" p="" type="text" value="2"/> <p> a. <input checked="" type="checkbox"/> Newly executed (original or copy)</p> <p> b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))
 <i>(for continuation/divisional with Box 17 completed)</i>
 <i>[Note Box 5 below]</i></p> <p> i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u>
 Signed statement attached deleting
 inventor(s) named in the prior application,
 see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>5. <input type="checkbox"/> Incorporation By Reference <i>(useable if Box 4b is checked)</i>
 The entire disclosure of the prior application, from which a
 copy of the oath or declaration is supplied under Box 4b,
 is considered as being part of the disclosure of the
 accompanying application and is hereby incorporated by
 reference therein.</p> </p></p> | <p>10. <input type="checkbox"/> English Translation Document <i>(if applicable)</i></p> <p>11. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations</p> <p>12. <input type="checkbox"/> Preliminary Amendment</p> <p>13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)
 <i>(Should be specifically itemized)</i></p> <p>14. <input checked="" type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application,
 Statement(s) <input type="checkbox"/> Status still proper and desired</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s)
 <i>(if foreign priority is claimed)</i></p> <p>16. <input type="checkbox"/> Other:</p> |
|--|---|

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: _____ / _____

18. CORRESPONDENCE ADDRESS

☐ *Customer Number or Bar Code Label*

or ☒ Correspondence address below

(Insert Customer No. or Attach bar code label here)

NAME _____

Page Lohr Associates

Joseph Page

ADDRESS

P.O. Box 757

CITY

La Jolla

STATE

CA

ZIP CODE

92038

COUNTRY

US

TELEPHONE

619 702 4471

FAX

619 702 4538

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:** Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

FEE TRANSMITTAL for FY 1999

Patent fees are subject to annual revision.
Small Entity payments must be supported by a small entity statement,
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.
See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$)**355**

Complete if Known

Application Number	
Filing Date	
First Named Inventor	Herold, J.
Examiner Name	
Group / Art Unit	
Attorney Docket No.	236.6

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number **500296**

Deposit Account Name **Page Lohr Associates**

- ☒ Charge Any Additional Fee Required
Under 37 CFR §§ 1.16 and 1.17

2. ☐ Payment Enclosed:

☐ Check ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 760	201 380	Utility filing fee	355
106 310	206 155	Design filing fee	
107 480	207 240	Plant filing fee	
108 760	208 380	Reissue filing fee	
114 150	214 75	Provisional filing fee	

SUBTOTAL (1) (\$)**355**

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
11	-20** = 0	X	0
Independent Claims	1 - 3** = 0	X	0
Multiple Dependent			0

**or number previously paid, if greater; For Reissues, see below

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
103 18	203 9	Claims in excess of 20	
102 78	202 39	Independent claims in excess of 3	
104 260	204 130	Multiple dependent claim, if not paid	
109 78	209 39	** Reissue independent claims over original patent	
110 18	210 9	** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$)**0**

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath	
127 50	227 25	Surcharge - late provisional filing fee or cover sheet.	
139 130	139 130	Non-English specification	
147 2,520	147 2,520	For filing a request for reexamination	
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	
115 110	215 55	Extension for reply within first month	
116 380	216 190	Extension for reply within second month	
117 870	217 435	Extension for reply within third month	
118 1,360	218 680	Extension for reply within fourth month	
128 1,850	228 925	Extension for reply within fifth month	
119 300	219 150	Notice of Appeal	
120 300	220 150	Filing a brief in support of an appeal	
121 260	221 130	Request for oral hearing	
138 1,510	138 1,510	Petition to institute a public use proceeding	
140 110	240 55	Petition to revive - unavoidable	
141 1,210	241 605	Petition to revive - unintentional	
142 1,210	242 605	Utility issue fee (or reissue)	
143 430	243 215	Design issue fee	
144 580	244 290	Plant issue fee	
122 130	122 130	Petitions to the Commissioner	
123 50	123 50	Petitions related to provisional applications	
126 240	126 240	Submission of Information Disclosure Stmt	
581 40	581 40	Recording each patent assignment per property (times number of properties)	
146 760	246 380	Filing a submission after final rejection (37 CFR § 1.129(a))	
149 760	249 380	For each additional invention to be examined (37 CFR § 1.129(b))	

Other fee (specify) _____

Other fee (specify) _____

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

SUBMITTED BY

Name (Print/Type)	Joseph Page	Registration No. (Attorney/Agent)	35,311	Telephone	619 702 4471
Signature				Date	

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**STATEMENT CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) & 1.27(b))--INDEPENDENT INVENTOR**

Docket Number (Optional)
236.6

Applicant, Patentee, or Identifier: Herold, J.

Application or Patent No.: _____

Filed or Issued: Herewith

Title: Flip-up Eyewear

As a below named inventor, I hereby state that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees to the Patent and Trademark Office described in:

- ☒ the specification filed herewith with title as listed above.
☐ the application identified above.
☐ the patent identified above.

I have not assigned, granted, conveyed, or licensed, and am under no obligation under contract or law to assign, grant, convey, or license, any rights in the invention to any person who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern, or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

- ☒ No such person, concern, or organization exists.
☐ Each such person, concern, or organization is listed below.

Separate statements are required from each named person, concern, or organization having rights to the invention stating their status as small entities. (37 CFR 1.27)

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

Jeffrey Herold

NAME OF INVENTOR

NAME OF INVENTOR

NAME OF INVENTOR

Signature of inventor

Signature of inventor

Signature of inventor

Date

Date

Date

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Jeffrey Herold

NAME OF INVENTOR

NAME OF INVENTOR

NAME OF INVENTOR

Signature of inventor

Signature of inventor

Signature of inventor

Date

Date

Date